|  |  |
| --- | --- |
| **ANTI MONEY LAUNDERING (AML) & COMBATING FINANCING OF TERRORISM (CFT) QUESTIONNAIRE PART I-General Information of Financial Institution** | |
| **PART I-General Information of Financial Institution** | |
| Registered name: | 1 |
| Registered address: | 2 |
| Registration /License No.:  Date Issued:  Issuing authority:  Legal Form (Private, Public, State Owned etc): | 3 |
| Establishment date: | 4 |
| Head Office physical address (if different from the above): | 5 |
| Contact details:  Name:  Title:  Address:  Tel:  Fax:  e-mail : | 6 |
| SWIFT: | 7 |
| Website: | 8 |
| GIIN No.: | 9 |
| Number of employees: | 10 |
| Number of branches:  (Domestic branches:  Foreign branches: ) | 11 |
| Number of subsidiaries: | 12 |
| **Subsidiaries’ information**: | 13 |
| Nationality (Country of Registration): |  |
| Contact information:   * Name * Title * Phone * Fax * E-mail address |  |
| CEO Information:   * Name * Phone * Date of Birth |  |
| Principal Business Activity: |  |
| Regulatory Authority responsible for supervision of your subsidiary: |  |
| Name & address of external auditors: |  |
| Name of Local regulator/supervisory authority: | 14 |
| AML/CFT authority (i.e., Principal local regulator and supervisory board with regard to AML/CTF Compliance programs: | 15 |
| Activities type: | 16 |
| Key geographic areas of activity where your Bank is actively promoting its products: | 17 |
| Has your company merged with another firm in the last 5 years? Yes □ No  □ | 18 |
| Has your company's name changed during the past 2 years? Yes □ No □  If yes, please provide details. | 19 |
| External Auditor’s name & address: | 20 |
| Is your Bank a branch or subsidiary of a parent financial institution? | 21 |
| If your answer to the question above is yes, please specify the relationship type:  □ Branch □ Subsidiary | 22 |
| **Parent financial institution details:**  -Name of parent company:  -Registered address:  -Physical address:  -SWIFT/Telex:  -Website:  -Banking License:  -Principal local regulator and AML/CFT competent authority:  -Is your parent company listed on any stock exchange:  -If yes, on which stock exchange are the shares listed ? | 23 |

|  |  |
| --- | --- |
| **PART II- Ownership and Management Information** | |
| Is your institution listed on any stock exchange? | 1 |
| If your answer to the question above is yes, please indicate the name of stock exchange: | 2 |
| If your answer to the Part II, item 1 is no (and to establish the Ultimate Beneficial Owners(s) ), please list full names of shareholders who directly or indirectly own, control or have 10% or more of the shares or voting power of your institution.  Full name % of ownership share | 3 |
| Have there been any significant changes in the ownership (exceeding 10%)over the last five years? | 4 |
| If your answer to the question above is yes, please provide details: | 5 |
| Please list the names and positions of the Board of Directors (BOD) members and the Chief Executive Officer (CEO). If your institution is a subsidiary or branch, please also specify the name of the Branch Chief executive Officer/General Manager.  Full Name Nationality Position | 6 |
| Are there any Politically Exposed Persons (PEPs) associated with your institution, as shareholders, members of the board or senior managers of your institution? | 7 |
| If your answer to the question above is yes, please mention full names and details of PEPs involved.  Full name Activities or political involvement | 8 |

|  |  |
| --- | --- |
| **Part III- Correspondent Banking Relationships** | |
| Does your financial institution offer correspondent accounts to other domestic or foreign financial institutions? | 1 |
| What institutions are your major correspondents and counterparts?  Name  Address & country of domicile | 2 |
| Does your financial institution offer correspondent accounts to other foreign financial institutions which are located in high risk jurisdictions? If yes, please list the names, addresses and primary country of domicile. | 3 |
| Does your institution have a policy to reasonably ensure that it only deals with correspondent banks which have license to operate in their respective country of origin? | 4 |
| Does your institution, as a policy, obtain sufficient information to gain an understanding of your correspondents' business, reputation and regulatory history? | 5 |
| Does your institution offer "payable through accounts" or any other product allowing transaction through Nostro and Vostro accounts? *(Payable through accounts are type of correspondent banks accounts that are used directly by third parties to transact business on their own behalf*) | 6 |
| Has your institution established procedures regarding ongoing monitoring of activities conducted through correspondent accounts? | 7 |
| Does your institution provide services to:   1. Shell Banks (*a shell bank is defined as a bank incorporated in a jurisdiction in which has no physical presence and which is unaffiliated with a regulated financial group)* 2. Offshore banking units?   (Where ‘offshore’ is defined as a **low or no-tax country** with corporate laws that maximize financial privacy and minimize corporate regulatory interference for both individuals and corporations).   1. Political and/or public figures? 2. Anonymous accounts | 8 |
| Does your institution have policies to reasonably ensure that your correspondent banks will not conduct transactions on behalf of shell banks? | 9 |
| Does your institution provide nested correspondent banking (e.g. downstream correspondent banking service)? | 10 |

|  |  |
| --- | --- |
| **Part IV- AML / CFT Policies And Procedures** | |
| Has your country (or the country of registration, if different) established laws to prevent and criminalize money-laundering and terrorist financing? Please list the names of the relevant laws.  Are there effective and dissuasive sanctions available to deal with natural and legal persons that fail to comply with AML/CFT requirements? | 1 |
| Is your institution subject to and fully compliant with such laws? | 2 |
| Are your institution’s subsidiaries, if any, subject to and fully compliant with such laws? If no, to which countries’ AML/CFT laws are they subject to and compliant with? | 3 |
| Do the laws and regulations in your country prohibit your institution from opening anonymous accounts? | 4 |
| Does your FI adhere to FATF, Basel Committee and Wolfsberg Group AML/CFT standards? | 5 |
| Has your institution appointed a designated officer/unit that is responsible for coordinating and overseeing the AML Framework? If yes, please provide the following details of responsible officer:  Name:  Title:  Email:  Tel:  Fax: | 6 |
| Does your institution have AML/CFT compliance program approved by the financial institution's Board of Directors or a designated committee? | 7 |
| How often do you review and update your AML/CFT policies (Please state date of last review)? | 8 |
| Does your institution have AML/CFT policies and procedures outlining the specific processes that are in place to prevent, detect and report suspicious transactions? | 9 |
| If your answer to the question above is yes, please indicate whether your AML/CFT policies and procedures include the following topics: (please answer following questions just with yes or no)   * Risk Based Assessment of customers and their transactions? * Enhanced level of due diligence on customers identified as having a higher risk profile? * Provide indicators to identify suspicious transactions? * Procedures for detection and reporting of suspicious transactions? * Ensuring that the financial institution only enters into relationships with institutions that possess licenses to operate in their countries of origin? * Reviewing the AML/CFT controls of institutions applying for correspondent banking services before opening an account for them? * Prohibiting accounts/relationships with shell banks? * Governing relationships with Politically Exposed Persons (PEPs)? * Providing regular AML/CFT training to relevant staff? | 10 |
| Are your institution's policies, procedures and practices being applied to all branches and subsidiaries of your institution both in the name of home country and in locations outside of that jurisdiction? | 11 |
| Does your institution have an internal audit and/or compliance function to test the adequacy of AML/CFT policies and procedures?  Please specify the date of latest check? | 12 |
| Is your institution's compliance with AML/CFT policies and procedures regularly checked by external auditors?  Please specify the name of external auditor and the date of latest check. | 13 |
| Do you use external vendors for customer and payment screening activities? | 14 |
| If yes, please name the software and mention what controls you use to ensure compliance with AML/CTF and sanctions requirements? | 15 |

|  |  |
| --- | --- |
| **Part V - Know your customer (KYC), Customer Due Diligence (CDD)** | |
| Does your institution employ a customer identification program that is designated to obtain and verify information regarding your customers' true identity, source of wealth, economic activity and the nature of anticipated transactional activity?  Please provide your records retention periods for customer records, transaction records, external reporting and staff training. | 1 |
| Does your institution identify the ultimate beneficial owners? | 2 |
| Please briefly describe your procedures for identification of ultimate beneficial owners, verification of source of funds, and understanding the expected activity of your customers. (The ultimate beneficial owner of the customer means the person(s), who is entitled to enjoy the economic rights stemming from the ownership, although the ownership has been registered in the name of someone else (the legal owner), who holds the object in his own name but on behalf of the beneficial owner) | 3 |
| Does your institution monitor and review customer information regularly? | 4 |
| Does your institution take steps to understand the normal and expected transactions of its customers based on its profile/line of business? | 5 |
| 1. Does your institution employ third parties to carry out some of the elements of the customer identification program? | 6A |
| 1. Does your institution provide services to one-off customers?   If yes, how does your institution identify these customers? | 6B |

|  |  |
| --- | --- |
| **Part VI -Transaction monitoring, risk assessment and suspicious reporting** | |
| Does your institution have a monitoring program for suspicious or unusual activity that covers funds transfer and monetary instruments (such as traveller cheques, money orders, etc)?  Has your institution ensured that the secrecy law of your country/institution does not inhibit implementation of Suspicious Transaction Reporting requirements? | 1 |
| Does your institution employ special software to support its monitoring program for suspicious or unusual activity? | 2 |
| Have your institution established any procedure regarding on-going monitoring of activities conducted through customer accounts? | 3 |
| Does your institution screen customers and transactions against lists of sanctioned persons, entities or countries issued by government/competent authorities?  If yes, please mention if the screening is done automated or manually  Please provide the sanctions list you check the clients against? | 4 |
| Does your institution employ third parties to carry out screening and/or monitoring activities? | 5 |
| 1. Does your institution provide a risk assessment of its customers' base and their transactions? 2. Does your institution identify the source of funds in transactions being made to Persia International Bank Plc (PIB)? | 6A  6B |
| Does your institution have monitoring procedures for reporting large cash transactions that are above a designated threshold? What is the threshold? | 7 |
| Does your institution have policy or practice for the identification and reporting of transactions that are required to be reported to the authorities? | 8 |
| Does your institution have the required system in place to ensure its electronic banking (and wire transfers) are not abused for the purpose of money laundering and financing of terrorism? | 9 |
| A-Does your institution have policies and procedures in place to address risks associated with non-face to face business relationships and transactions?    B-In the past five years, has any action been brought against your institution resulting from violations of laws or regulations concerning money laundering or terrorist financing? If yes, please provide details. | 10 |

|  |  |
| --- | --- |
| **Part VII – Documentation.**  (please ensure that the documents below are attached when returning the completed questionnaire) | |
| 1. | Banking License of your Institution and Parent Company (if applicable and not previously provided) |
| 2. | Evidence of any name changes of your institution/parent company (if applicable) covering the previous 5 years; |
| 3. | Top level management structure and full name, position of your institution's/parent company's directors and chief executive officer/s |
| 4. | Shareholder Structure |

**Part VIII - Declaration**

I, the undersigned, confirm the validity and accuracy of the information given above.

Name: Title:

Signature: Date:

Tel/Fax: E-mail: